

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000995**

1. Entity Name  
**NEW SMYRNA MEDICAL BUILDING, LTD.**



Principal Place of Business  
**603 S. ORANGE  
NEW SMYRNA BEACH, FL 32168**

Mailing Address  
**603 S. ORANGE  
NEW SMYRNA BEACH, FL 32168**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3218874**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROUSE, JACOB D  
603 S. ORANGE  
NEW SMYRNA BEACH, FL 32168**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #  
NAME **J.D. ROUSE**  
STREET ADDRESS **603 S. ORANGE**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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U00000624379  
02/14/07-80030-007 500.00

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1-31-07 386 423-0233**

STAPLE CHECK HERE